



Incident Report

Print Date/Time: 05/12/2016 15:05
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00008498

Incident Date/Time: 5/5/2016 5:19:13 PM
Location: 2111 117TH AVE NE
LAKE STEVENS WA 98258
Phone Number: (425) 971-9651
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19N3	SS0136-Shein
19R1	SS0133-Heinemann

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	MARSH, TIM					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

05/05/2016 : 17:21:03 SP0414 Narrative: COL OC ON RD NEAR CHURCH, LR414

**05/05/2016 : 17:20:14 SP0414 Narrative: CC, 5 AGO, NON INJ, NON BLKING, WHI FORD ECONOLINE VAN VS SIL HONDA
4DR**



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-VICTIM ☐ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Marsh Tim</u>		RACE <u>C</u>	ETHNICITY	SEX <u>M</u>	D.O.B. <u>12-28-68</u>	AGE <u>47</u>	HGT <u>6'4"</u>	WGT <u>260</u>	HAIR <u>Blnd</u>	EYES <u>Blu</u>
STREET ADDRESS <u>11716 26th st. NE</u>				CITY <u>Lake Stevens</u>		STATE <u>Wa</u>		ZIP <u>98258</u>		
HOME PHONE <u>425-397-6977</u>		CELL PHONE <u>425-971-9651</u>			WORK PHONE <u>Same</u>					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT <u>RFI</u>					

STATEMENT:

I'm Driving down the road and slow down for a car exiting his driveway when a car Hits me in the rear passenger quarterpanel. The car was not moving, it wasn't in traffic. It was entering traffic from a parked position. She ~~He~~ obviously didn't look and Hit me

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>[Signature]</u>	DATE SIGNED: <u>5-5-16</u>
OFFICER/NUMBER: <u>G. Shein #136</u>	DATE SIGNED: <u>5/5/16</u>

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-8498VICTIM ☐ WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Gudev, Olga</u>		RACE	ETHNICITY	SEX <u>F</u>	D.O.B. <u>1-5-58</u>	AGE <u>64</u>	HGT	WGT	HAIR	EYES
STREET ADDRESS <u>6226 Melrose Ave</u>				CITY <u>Everett</u>		STATE <u>WA</u>		ZIP <u>98203</u>		
HOME PHONE <u>(425) 290-5904</u>		CELL PHONE			WORK PHONE					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT					

STATEMENT:

I was driving slowly on 2nd St NE toward 117th St, from 11719 driveway. Because my speed was slow, I was able to let the car get out of the 11715 driveway which was ahead of me. Now the car in front of me and I was going toward 117th St.

I was startled from the loud sound which came from the left of my drivers side. The Van which was far behind me, now, tried to pass me from behind, left side of my car in the same lane as I. My car on left side, front, drivers is damaged, and front too.

The driver of the van, yelled, swore at me and blamed me, telling me it is my fault, saying "you were parked in the road". I was not. A neighbor boy named Ridic saw the car accident and told what he saw to the Police Officer G. Shein.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Olga Gudev</u>	DATE SIGNED: <u>05-05-2016</u>
OFFICER/NUMBER: <u>G. Shein #136</u>	DATE SIGNED: <u></u>

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

I Alla Bennett, translated this report from Russian to English for Olga Gudev.

Page 1 OF 1

Alla Bennett 5/5/2016


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E542181

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-00008498
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	05	-	05	-	2016			1719	31			S	W	0664	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
22ND ST NE	BLOCK NO. <input checked="" type="checkbox"/>	11800
	MILE POST <input type="checkbox"/>	

DISTANCE	200	00	MILES	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> E	OF (REFERENCE OR CROSS STREET)	117TH AVE NE
			FEET	<input checked="" type="checkbox"/> S	<input type="checkbox"/> W		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	
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LAST NAME	MARSH	FIRST NAME	TIMOTHY	MIDDLE INITIAL	C
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STREET NEW ADDRESS	11716 26TH ST NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	MARSHTC326R8	STATE	WA	SEX	M	D.O.B. MMDDYYYY	12	-	28	-	1968
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	A73037Y	STATE	WA	VIN#	1FTRE14W36HA49670
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2005	MAKE	FORD	MODEL	ECONO	STYLE	VN	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	TRAVELERS PROPERTY CASUALTY VTJ-CAP-5643B765-TIL-15
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME	GUDEV	FIRST NAME	OLGA	MIDDLE INITIAL	I
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STREET NEW ADDRESS	6226 MELROSE AVE
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CITY	EVERETT	ST	WA	ZIP	98203
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	GUDEVOI487BE	STATE	WA	SEX	F	D.O.B. MMDDYYYY	01	-	05	-	1952
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	267TUI	STATE	WA	VIN#	2HGES16344H548996
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2004	MAKE	HOND	MODEL	CIVIC	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERICAL FAMILY MUTUAL 2028-6691-05-79-FPPA-WA
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	G. SHEIN	BADGE OR ID #	0136	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E542181**CASE # **2016-00008498**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 2 was stopped facing westbound in the 11800-block of 22nd St NE, yielding to a neighbor's vehicle to pull out of the driveway. Unit 1 was traveling westbound behind Unit 1, did not stop and yield to Unit 2, and drove partially in the opposite lane, side-scraping driver's side mirror and driver's side front fender of Unit 2.

A witness - 8 year-old neighborhood child saw the collision and said that Unit 1 tried to drive around Unit 2 in the opposite lane.

Both drivers of Unit 1 and Unit 2 are denying responsibility of the collision.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. SHEIN
05-08-16 07:03 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

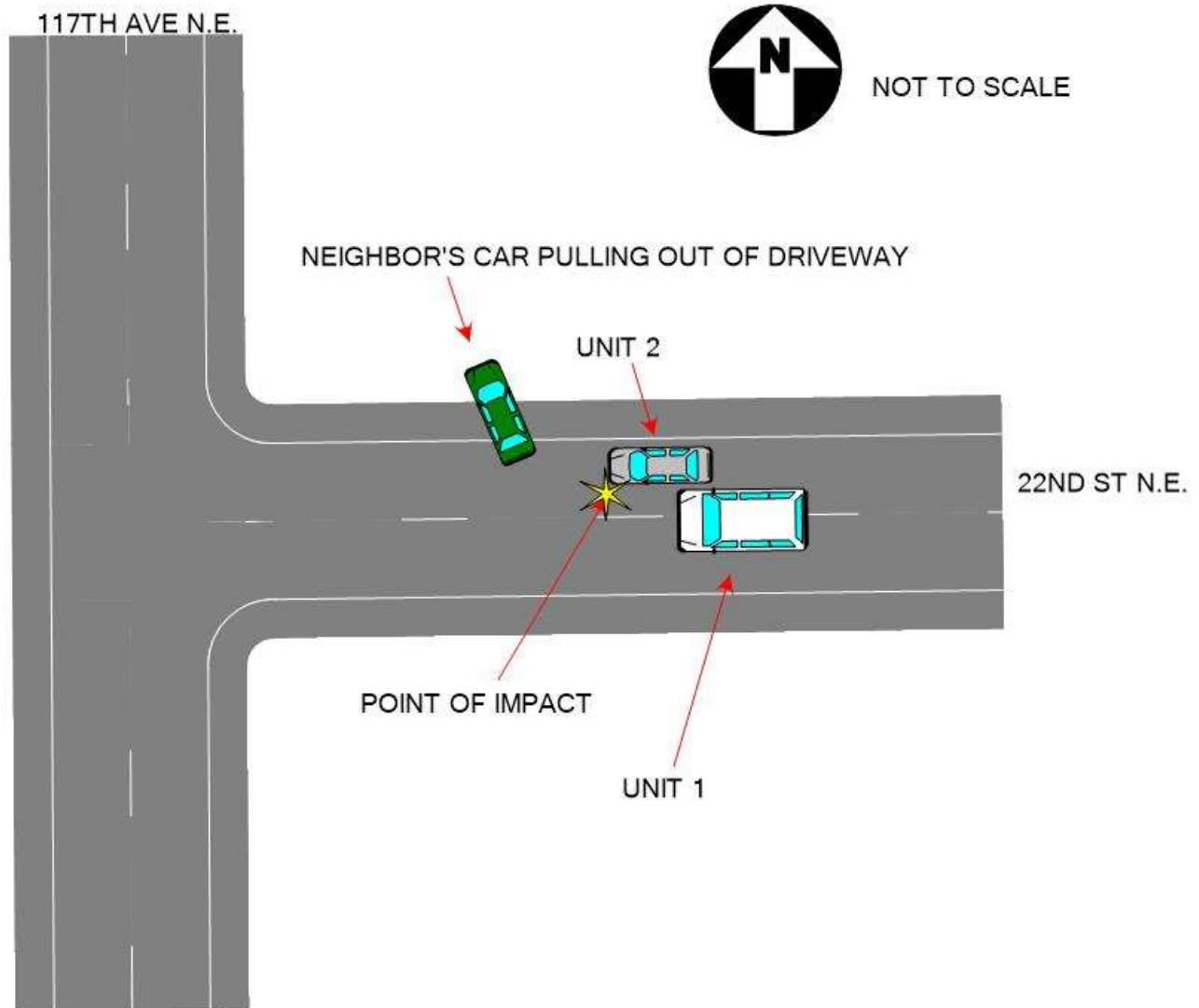
5/11/2016 2:38:22 AM

BADGE OR ID #	0136	ORI #	WA0311900	TIME POLICE DISPATCHED	5:19 PM	TIME POLICE ARRIVED	5:23 PM
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REPORT NO. E542181

CASE # 2016-00008498

DATE AND TIME
OF COLLISION 05/05/16 17:19



PHOTOS











